Manhole Workers Dodge Danger Down Under

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Abstract:

"We hold our breath, close our eyes and move on with the job to dislodge the block. It is not easy to enter the dark drain and we are trapped inside for hours at times. This is just one harrowing tale of any sanitary workers in any part of the country. There are many more awaiting to be told and heard. The manholes, which these workers deal upon, are poisonous gas chambers and as if working under such inhumane conditions is not enough, there are serious safety issues cropping up. With no safety equipments provided, the workers descend into the manhole. The occupational exposures of sewage workers are complex and variable, and include a great variety of biological and chemical agents. Previous research has focused mostly on infections and various symptoms among sewage workers, e.g. abdominal and respiratory symptoms. A roughly estimated 1.2 million scavengers in the country are involved in the sanitation of our surroundings. The working conditions of these sanitary workers have remained virtually unchanged for over a century. Apart from the social atrocities that these workers face, they are exposed to certain health problems by virtue of their occupation. These health hazards include exposure to harmful gases such as methane and hydrogen sulfide, cardiovascular degeneration, musculoskeletal disorders like osteoarthritic changes and intervertebral disc herniation, infections like hepatitis, leptospirosis and helicobacter, skin problems, respiratory system problems and altered pulmonary function parameters. This can be prevented through engineering, medical and legislative measures. While the engineering measures will help in protecting against exposures, the medical measures will help in early detection of the effects of these exposures. This can be partly achieved by developing an effective occupational health service for this group of workers."

Keywords: Sanitary workers, sewage workers, Manual Scavenging, Safai Karmachari,

I. INTRODUCTION

Imagine a man doing quick prayer to the gods and a quarter of Directors Special whisky, which are the two rituals that the person follows staunchly every time duty calls, plunged into a 20-foot-deep sewer through its narrow mouth, holding his breath for over 30 seconds, scooping the filth inside with his bare hands or a shovel, and emerging from it covered in muck. The only precaution he takes is to light a match over the hole sometimes, to detect the presence of toxic gases such as hydrogen sulphide or methane. Often, he has simply no clue as to what lies deep inside the hole.

As a Journalist in Ahmedabad, I have seen sanitation workers belonging to civic agencies in Ahmedabad clean clogged sewers bare-bodied, with just a strip of cloth covering their loins. Their only lifeline is a belt, secured around the waist and attached to a rope held by someone outside the hole. Quite often the rope comes in handy to pull out the dead body, in case the diver dies of asphyxiation.

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Nearly a century after Mahatma Gandhi first called for the abolition of manual scavenging, the degrading practice continues. Between 2002 and 2003, the Indian Ministry for Social Justice and Empowerment admitted to the existence of 676,000 scavengers. (Kothandaraman P, Vishwanathan V., Sulabh International, 2007.) However, these figures may have been underestimated because scavenging is illegal. According to one survey by Bezwada Wilson of the Safai Karmachari Association, an estimated 12 lakh (1.2 million) scavengers are present in the country. (Zaidi, A, *Frontline*, 9–22 September, 2006.) According to Sulabh, four to five million people were working as scavengers in 2005 and were often employed by the local civil bodies to clean excrement in public places. (Kothandaraman P, Vishwanathan V., Sulabh International, 2007.) This situation persists despite the fact that the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act 1993, (The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993.) is in enforcement, which provides for the prohibition of the employment of manual scavengers as well as construction or continuance of dry latrines and for the regulation of construction and maintenance of water-seal latrines for assuring the dignity of the individual, as enshrined in the Preamble to the Constitution.

The working conditions of the sanitary workers have remained virtually unchanged for over a century. Using only a stick broom and a small tin plate, the sanitary workers clear faeces from public and private latrines onto baskets or other containers, which they then carry on their heads to dumping grounds and disposal sites. A few, however, are provided with wheelbarrows or carts by the municipal authorities. Apart from the social atrocities that these workers face, they are also exposed to certain health problems by virtue of their occupation. These health hazards include exposure to harmful gases, cardiovascular degeneration, musculoskeletal disorders, infections, skin problems and respiratory system problems.

Although manual scavenging was banned in 1993, India still has an estimated 1.3 million manual scavengers. To put a halt to the shameful practice of employing human beings to “clear, carry and dispose of human excreta”, the law seeking the “Prohibition of Employment as Manual Scavengers and their Rehabilitation” came into effect in 2012. In a first, the new law recognises the manual cleaning of sewers as a practice of scavenging as it involves contact with human waste and prohibits their employment without safety gear. Doing so will result in cognizable and non-bailable offences. The actual implementation of the law, however, seems a distant aspiration.

For many years, work in the manhole field was considered the most hazardous, especially due to deaths involving confined space entry. This field is considered somewhat less hazardous today, but manhole workers still do experience health problems and deaths. These experiences occur in specific incidents involving chemicals in the sewer system and in regular work exposures throughout the plant and its processes.

Some chemically-related health complaints are acute in nature, involving short-term exposures and complaints such as irritations of the eyes, nose or throat. Other problems are chronic in which repeated exposures, sometimes over several years, have caused effects upon internal organs or have involved occupationally-related allergies.

A rising quality of life and high rates of resource consumption patterns have had a unintended and negative impact on the urban environment - generation of wastes far beyond the handling capacities of urban governments and agencies. Cities are now grappling with the problems of high volumes of waste, the costs involved, the disposal technologies and methodologies, and the impact of wastes on the local and global environment. (Suresh V., *The World Bank Group Urban Paper*, Washington, 2006.)

All activities in solid waste management involve risk, either to the worker directly involved, or to the nearby resident. Risks occur at every step in the process, from the point where residents handle wastes in the home for collection or recycling, to the point of ultimate disposal. Health risks from waste are caused by many factors, such as the nature of raw waste like toxic, allergenic and infectious substances and its components like gases, dusts, sharps, the nature of waste as it decomposes and their change in ability to cause a toxic, allergenic or infectious health response, the handling of waste (e.g., working in traffic, shoveling, lifting, equipment vibrations, accidents), the processing of wastes (e.g., odour, noise, vibration, accidents, air and water emissions, residuals, explosions, fires), the disposal of wastes (e.g., odour, noise, vibration, stability of waste piles, air and water emissions, explosions, fires).

Occupational safety and health is a right enshrined in the Constitution of India vis-à-vis Section 39(e & f), which calls upon the Government to direct its policies in such a way, “that the health and strength of workers,
men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age or strength”.

However, a large majority of workers, including the manhole workers at large are still facing serious occupational health problems including general health problems like high mortality rates, birth control and gender imbalance, violence, accidents, communicable and non-communicable diseases, malnutrition, poor environs, lack of clean potable water, insufficient nutrition, poor sanitation and inadequate medical care. Globalisation and rapid industrial growth in the past few years have further intensified the problems and complexities of occupational health related issues.

II. WHY SUCH NEGLECT?

Inaction or destruction of demand has a big role to play in this neglect because demands articulated by the less powerful, that is the workers, rarely fall into the ears of the most powerful i.e. the employers and the policy makers. There is poor general awareness about occupational safety, and occupational and environmental hazards. There is underfunding of occupational health programmes due to lack of political will.

Official records of the Municipal Corporations in Ahmedabad confirm 17 worker deaths since 2003. But if the statistics of earlier years are taken into account, as also the number of sanitation workers from private agencies who have died, the figure would be much higher. And it would run into several thousands if you consider the country as a whole.

Reports of deaths of sewerage workers in the capital make it to news reports every once in a while but leave the public’s mind just as rapidly. It is reported, “about 100 workers die every year while entering the confined space at high temperatures, with slippery walls and floor, and in the presence of toxic gases, sharps, chemicals, and insects.” (Roy, Dunnu, Indian Seminar, Hazards Centre, New Delhi, 2013.) Besides the high risk of the job, they are also exposed to certain health problems by virtue of their occupation. These health hazards include exposure to harmful gases, cardiovascular degeneration, musculoskeletal disorders, infections, skin problems and respiratory system problems. (Tiwari, Rajnarayan R., Vol.12, Issue 3, December 2008, p.112.)

In addition, the workers also face constant verbal abuse from road users and local gentry for obstructing car movement and spreading dirt, working under constant fear from the surrounding traffic, and experiencing social humiliation and discrimination because of their lower caste status. There is a lot to be done before agencies like MCD (Municipal Corporation of Delhi) or BMC take cognisance of these issues and employ or contract sewerage workers who are compelled to work in unsafe and unsanitary conditions.

Urbanisation in India is progressing very rapidly with the current rate of urbanisation at 31% according to the 2011 census and an estimated 40% by 2030, according to the UN State of the World Population report of 2007. Towns have expanded into cities, cities into mega-cities and metropolitan areas now being subsumed by cities. The booming economy and increasing urban population need support systems and services. Service providers include a mixed category of skilled, semi-skilled and unskilled, with each having a distinctive role to play in the building of the cities. Sewerage workers are one such cadre providing a crucial service to the large urban population.

While taking the leap towards modernisation, it has been perceived that society has been moving beyond the traditional realm of caste-based discrimination. Would this perceived change in attitude be applicable in the case of sewerage workers as well? Sewer cleaning and similar activities were earlier restricted to and performed only by certain castes. Restricting occupational possibilities was an important mechanism to segregate and maintain control over the social structure. The same continues to this day.

More than 95% of sewer workers are members of India’s lowest social class, the Dalits, once known as “untouchables”, according to the government’s figures. In an interview, Labour activist MilindRanade said the jobs still exist because of widespread apathy toward Dalits, who remain severely marginalized despite efforts to end caste-based discrimination. (Interview with MilindRanade on 12th November, 2016.) “Had an upper-caste [person] been entering the sewage system, we would have seen uproar. But if a lower-caste worker dies, who cares?” Ranade said. (Interview with MilindRanade on 12th November, 2016.)

Exploitation and low income also play key roles in contributing to the drudgery of these workers. Many workers are employed on a contractual basis. For them each day’s work is an endless battle for survival and in return for their struggle, they get paid a very small amount.
Owing to a low income and high dependency ratio, education, water & sanitation, food intake, and living circumstances are compromised. The sewerage workers form their own living spaces, which are typically unhygienic and devoid of basic facilities.

There are two different kinds of workers – permanent workers and contractual workers. The permanent workers earn twice as that of the contractual workers. The contract workers earn between Rs 5,000 and Rs 10,000 per month based on the number of visits to clean sewers in colonies. The incentive of being made a permanent employee motivates the sewerage workers to continue to struggle. Even so, the temporary status of their livelihood forces them to explore other income avenues. The wives go for washing vessels in houses and the kids go for work for anything.

Workers who manage to stay alive aren’t in a much better position. They are vulnerable to respiratory ailments and skin infections. They often find broken pieces of glass and used syringes floating about in the sewer they clean. They say they sometimes have to pick at used sanitary napkins with their bare hands. This exposes them to a range of diseases, hepatitis being just one.

Education is an essential factor for the development of any community. If people are educated, their living standard also improves. In 62% of the Valmiki families that were part of this study, at least 1 member had completed primary level schooling but most dropped out soon after, 8% of the families have completed high school, 14% have been to an institute of higher education and 4% have graduated from college. Yet 12% of the families remain without education. Interview data indicated that families were aware about government schemes that provided ‘scholarships to children of these workers of Rs. 400 per year’. (This is very different from the stated government provision of Rs1,320 a year). Only 36% of the families send their children to school. The rest, in order to support their family, eventually drop out. Of these, 48% have joined casual sanitation work and others do cleaning work in houses near their own. (Mishra, Ashish, Mathur, Navdeep and Dodiya, Indraraj, 1st October, 2012.)

III. HEALTH HAZARDS/STUDY OF HEALTH EFFECTS IN SEWERAGE WORKERS

Drainage workers may be exposed to hazardous gases, fumes and vapours, resulting in serious poisoning. A good understanding of the related atmospheric hazards is essential for the prevention of gas poisoning.

The workers are commonly exposed to gases like hydrogen disulfide, methane, ammonia and carbon monoxide. Watt studied 26 sewer workers exposed to smell and found that 53.8% developed sub-acute symptoms including sore throat, cough, chest tightness, breathlessness, thirst, sweating, irritability and loss of libido. (Watt MM, Watt SJ, Seaton A., Vol.54, 1997, pp.277-80.) Severity of symptoms seemed to be dose related. Richardson studied exposure to hydrogen sulfide in 68 sewer workers and found that the FEV1 /FVC values were lower in sewer workers who had a high H2S exposure. (Richardson, DB, Vol.28, 1995, pp.99-108.)

Exposures to many risk factors are possible in workplaces. Occupational diseases can be caused by physical, biological and ergonomic risks and accidents can be caused by structural factors or incorrect procedures and manoeuvres. Traditional risk factors, such as biological agents, still cause concern in workplaces, despite the advent of modern technologies, such as laser systems and other electromagnetic sources.

Apart from gases, hazardous fumes or vapours can be generated from the work, e.g. welding or the use of adhesives, paints, volatile or flammable solvents, etc.

Inhalation appears to be a major route for chemicals or organisms to enter the body. Some chemicals are air-stripped from wastewater and workers working near weirs, aerated tanks, dewatering processes, and other sludge processes (drying, compacting and incineration). Aeration and dewatering processes also put droplets and particles into the air which can be inhaled. Much of the material inhaled into the throat or bronchial tubes is cleared from the lungs and swallowed. As a result, respiratory and gastrointestinal exposure can occur from inhaled chemicals and organisms. Wastewater workers have also been exposed to chemicals while attempting to remove these substances from treatment plant equipment. Clinical examination revealed that 79 (52.6%) workers had respiratory symptoms like chronic cough (44.3%), chronic breathlessness (39.2%), chronic bronchitis (34.1%) and chest tightness (32.9%). Unnati had reported that 42% sewage workers were suffering from respiratory morbidities in a study conducted on sewage workers from Ahmedabad. (Unnati, Dissertation, Gujarat University, Ahmadabad, 1997.) A study by the Occupational Health and Safety Centre in Mumbai
revealed that 60% of sewage workers had respiratory morbidities. (Occupational Health and Safety Centre, Department of the Bombay Municipal Corporation, Project No.1, 1988.)

Skin Contact is also a route of entry for both chemicals and disease. Chemicals can be absorbed through the skin from contact with wastewater or sludge. Disease organisms can also enter the body through cuts or abrasions. There has also been a report of a wastewater worker who received a needle stick injury when removing screenings from a bar screen. A study on sewage workers by Central Public Health Engineering Research Institute Nagpur revealed that 22.3% of sewage workers suffered from skin rash/pigmentation. (Central Public Health Engineering Research Institute, Nagpur, No.17, 1971.)

Death by asphyxiation is a known occupational hazard for conservancy workers. The job of being sewer men entails several occupational hazards with great danger to the health and life of the worker. Sewer workers are exposed to accidental hazards like gassing, injuries and immersion (flooding). They also suffer from occupational lung diseases and upper respiratory tract infections, allergic problems especially of the skin like contact dermatitis, neurological problems like headache, dizziness and numbness, eye problems like burning, watering and redness, gastrointestinal problems like diarrhea and parasitic infections and musculoskeletal problems like fatigue/weakness and backache.

Osteoarthritic changes and intervertebral disc herniation are the common spinal abnormalities reported in these workers. (International Labour Organisation, Geneva, 1970. pp. 1251–1253.) Friedrich studied 255 sewage workers to determine the prevalence of spinal troubles (i.e., neck, upper back and lower back pain [LBP]). (Friedrich M, Cermak T, Heiller I., Vol.73, 2000, pp.245–254.) He reported that the 12-month prevalence rates of neck, upper back and LBP were 52.4%, 54.8% and 72.8%, respectively. The prevalence of spinal troubles increased with age. (Ibid)

Several studies have been carried out to study the respiratory function of sewage workers, with all of them reporting that respiratory symptoms are common among this group of workers. (Rylander R., Vol.56, 1999, pp.354–357 andNethercott JR, Holness DL., Vol.49, 1988, pp.346–350.) The respiratory function studies also revealed abnormal respiratory functions in these workers. These symptoms may be due to exposure to endotoxins and airborne bacteria by way of bioaerosols. Zuskin reported that the baseline ventilatory capacity was significantly decreased compared with the predicted values in sewage workers. (Zuskin E, Mustajbegovic J, Lukenda-Simovic D, Ivankovic D., Vol.112, 1990, pp.353-357.) They mentioned that sewage workers are exposed to different occupational noxious agents, which may lead to the development of chronic lung function changes. (Rylander R., Vol.56, 1999, pp.354–357)

In most developed countries, manhole workers are provided bunny suits and respiratory apparatus. In places like Hong Kong, a sewer worker is permitted to enter a manhole only after rigorous training and gaining at least 15 licenses. Whereas in states like Maharashtra, Gujarat, Uttar Pradesh, Delhi, Karnataka, Tamil Nadu and others, conservancy workers -- mostly from the Valmiki sub-caste of Dalits -- go in almost naked. The mortality rate amongst them is appallingly high. And they do not have a proper equipment and safety measures while working in the manhole.

IV. WORLD SCENARIO ON OCCUPATIONAL HEALTH AND SAFETY

Worldwide, occupational diseases continue to be the leading cause of work-related deaths. According to ILO estimates, out of 2.34 million occupational fatalities every year, only 321,000 are due to accidents. The remaining 2.02 million deaths are caused by various types of work-related diseases, which correspond to a daily average of more than 5,500 deaths. This is an unacceptable Decent Work deficit. The inadequate prevention of occupational diseases has profound negative effects not only on workers and their families but also on society at large due to the tremendous costs that it generates, particularly, in terms of loss of productivity and burdening of social security systems.

V. LEGISLATIVE FRAMEWORK

Basic human rights cannot be denied to people who are working and rendering services to the larger community. However, if one looks at the condition of sewerage workers then a grotesque picture, wherein workers have been subjugated and marginalised, comes to light. Work health and safety aims and welfare of workers at work has been severely compromised in the case of sewerage workers. The basic equipment available for sewer workers is a safety belt that is used to go down into the sewers for cleaning. Other equipment...
is either not available or shared by workers. Even the safety belts are often not in good condition - they are not strong and can cause harm to the workers. Sewerage workers are not provided with any other protective gear.

In a PIL in the Supreme Court over the unavailability of any safety equipment like gas cylinders, breathing masks, safety goggles etc, the Supreme Court (2011) has criticised the Government for not making available such basic requirements and risking lives of numerous workers. The Supreme Court has directed the government to immediately provide the essentials and improve the standards of operations. However, it still remains a distant reality.

The sewage workers have to waste a lot of time waiting for equipment to become available. This is because of the sharing arrangement for equipment between workers. Available safety gear is not in good shape and most of it is non-functional. Workers put the blame on the seniors for not procuring the gadgets and stated that long lists of equipment purchase are pending with the department. Some workers who did not wish to be named hinted at the corruption in procurement and processing.

Fight for the rights of sewerage workers has been going on for quite some time and though the court has intervened in the best possible manner, there is little progress made on the ground. On February 15, 2006, the Gujarat High Court came up with a sound judgement stressing on use of machines and disallowing anybody from entering a manhole unless it is absolutely necessary. Sampling of gas and water needs to be done to ensure there is no health risk, safety equipment including oxygen mask, goggles, gum boots, helmet etc should be given to the workers and the higher official should give the order for operation in writing making the civic body and himself liable for any accident. (Mishra, HP, GOI Monitor, 10th June, 2012.)

In another case (Delhi Jal Board versus National Campaign for Dignity and Rights of Sewerage and Allied Workers & others) filed by the Human Rights Law Network, the Delhi High Court passed an order in 2008 criticising the Delhi government and the State apparatus for being insensitive to the safety and wellbeing of sewerage workers and directed them to compensate the families of the deceased to the tune of Rs 1.71 lakh. However, the authorities remained adamant and Delhi Jal Board challenged the decision in the Supreme Court. The apex court, in its order passed in July 2011, dismissed the petition and increased the compensation amount to Rs 5 lakh. (Mishra, HP, GOI Monitor, 10th June, 2012.)

Despite orders of the Honourable Courts, sewerage workers are being forced to go into sewers without the basic safety standards. Mechanisation may reduce the frequency of dangers attached to such acts but workers will still have to go down sewers. Among these sewerage workers, condition of contract sewerage workers is worse as they have to work frequently without any authorisation.

The law, for which India’s high court set guidelines, applies nationwide. One of its manhole tests is simple: A candle is placed inside, and if oxygen levels are too low, the flame goes out. If there are toxic gases, the candle explodes. Assuming the situation is safe, workers must be fitted with harnesses before descending into manholes, which are as deep as 20 feet.

In spite of the order, none of these guidelines are violated and not followed in today’s context. Because of which, at least one person dies every month in the country, by diving down a sewer to clean blockages.

India’s Prime Minister, Narendra Modi, promised to emancipate the poor and promote economic development, but advocates say that getting rid of jobs such as manual scavenging is not immediately practical. In 2007, the Ministry of Social Justice and Empowerment launched an effort to place sewer cleaners in other jobs; last year, it reported that 78,941 of the workers had been given assistance, a fraction of the total workforce.(Parth, M.N., Los Angeles Times, 4th July, 2014.)

Implementation of labour laws is generally poor in India, said Mihir Desai, former director of the India Center for Human Rights and Law, a non-profit organization. Passing laws allows the Indian government to argue that it is in line with international standards, but politicians are less interested in ensuring that standards are enforced, he said. (Ibid)

VI. WAY AHEAD

Professional capacity building in the area of occupational health and safety is critical towards improving the plight of the workers. Globally, a number of successful coalitions exist that provide technical expertise. These coalitions work in priority areas of occupational health in several countries. They should assist developing countries in achieving adequate professional capacity through educational, research and training
opportunities. The WHO Global Network of Collaborating Centers in Occupational Health, the International Commission on Occupational Health, the International Occupational Hygiene Association and the International Ergonomics Association are a few examples. The existing medical and engineering curricula should be revised to include occupational and environmental health. (Tripathy, Jaya Prasad, Vol. 106, Issue 5, 10th March, 2014.)

There is a need to revise the occupational health research paradigm in developing countries. It is recommended to create a national advanced research centre for the analysis of occupationally hazardous materials. The agenda for future research should include effectiveness of interventions, study of hazard control technology and protective equipment, disease and injury research, large-scale epidemiological research to determine the exposure and occupational risks and improved surveillance systems. (Ibid)

Under a broader National Institute of Sanitation and Sewerage Research, there is a need to establish a research centre to investigate all aspects of the lives of sanitation workers, including their working conditions, health problems, challenges in accessing and continuing with education, problems specifically faced by the women workers and problems that all of them face in accessing a redressal system for their grievances. (Mishra, Ashish, Mathur, Navdeep and Dodiya, Indraraj, Working Paper, IIM-Ahmedabad, 1st October, 2012.)

Given that workplace injuries are especially common among manhole workers, they must be provided with protective gear that is functional and easy to use. Institutes like the National Institute of Design (NID) can do research into designing an appropriate bodysuit in cooperation with government agencies. In connection to this, committee meetings that were initiated to discuss protection of sanitation workers at their workplace need to take place in a consistent manner. It is important that sanitation workers are included in these committee meetings and involved in its discussions and decision making processes.

With the lack of legal awareness among sanitation workers, there is an urgent need to do outreach work not only among sanitation workers but generally among members of the Valmiki community to inform them about their legal and constitutional rights. Additionally, outreach work must be done for sanitation workers to inform them about their right to compensation, to demand protective gear and assert their dignity of labour so that all of them know about the specific bans imposed on certain types of work that they are expected to do.

VII. CONCLUSIONS

Modernity and urbanization have brought many changes in India and around the world. But in a country like India, the complexities of the caste system often prevent the lowest in the social hierarchy from enjoying a dignified life. Despite strong constitutional provisions and judicial interventions, the government agencies have been terribly negligent in uplifting the downtrodden in society.

The installation of a sewer system has not brought much change in the social status and the cultural engagements of the Valmiki community. Marginalization and exclusion have kept them on the periphery of the society. Lack of opportunities to develop other skills compels them to continue the traditional profession, and children when grow up often join their parents’ profession to lend support to the family.

What is the solution? Governments over six decades have bypassed the issue. While Nehruvian India saw a great push towards technological solutions in every sector, the State only had apathy for safaikaramcharis. It is not the lack of funds or technology that poses problems. If technology can be used to launch satellites and the Rs 368-crore Chandrayaan (the mission to moon), why can it not be used for garbage and sewage? The Jawaharlal Nehru Urban Renewal Mission (JNURM), hatched by the Ministry of Urban Development in 2002, envisages spending Rs 1,20,536 crore over seven years on urban local bodies. Of the projects approved so far under the JNURM, 40 percent have been allotted for drainage and sewerage work. Why does so much money get spent on laying/relaying pipes and drains that are designed to kill? India’s urban planners, designers and technologists have never felt the need to conceive a human-friendly system of managing garbage and sewage. Instead, they rely on an unending source of disposable, cheap, Dalit labour. (S. Anand, Vol4., Issue 47, 8th December, 2007.)

The manhole workers and manual scavengers have benefited immensely from their organised struggle for better wages, better working conditions, dignity and status in a society that is steeped in caste hierarchy. But the outsourced contractors who exploit the manhole and sanitation workers should be brought within the ambit of labour laws. The contracted manhole workers also should be paid equal wages and other benefits at par with workers in the organised sector. Trade unions and organizations should work towards these goals.
REFERENCES


